Montana Mental Health OMBUDSMAN'S Report • 2004

Bonnie Adee, Mental Health Ombudsman

Message FROM THE MENTAL HEALTH OMBUDSMAN

New Freedom - One year later

In July 2003 the President's New Freedom Commission on Mental Health published its final report. The Commission recommended a fundamental transformation of the nation's approach to mental health care. "Our challenge is to transform this vision into reality, state by state."

The President's New Freedom Commission Report sets forth six goals that, if achieved, would represent a transformed mental health system. According to the Report these six goals are intertwined and if achieved separately or in sequence cannot produce the needed changes. What indications do we have that Montana is making progress on each of these goals towards the ultimate goal of a transformed mental health system?

Mental Health is essential to physical health

- The Children's Mental Health Bureau moved to the Child and Adult Health Resources Division, the division that also administers Medicaid, the Children's Health Insurance Program (CHIP) and Children's Special Health Services programs.
- Montana's Public Health Care Redesign Project Report recommends developing a strategic plan for adult mental health services, and a waiver proposal to serve children with serious emotional disturbance (SED).

Mental health care is driven by the consumer and his or her family

- The Director of the Department of Public Health and Human Services appoints at least 50% consumers or family members to the Mental Health Oversight Advisory Council (MHOAC) and to the Children's System of Care (SOCs) Planning Committee. In addition, each of the three regional Service Area Authorities (SAAs) and all of the Local Advisory Councils (LACs) require and have consumer and family member participation.
- Consumers and family members are invited to participate more frequently on work groups that recommend policy to decision-makers.

Disparities in the delivery of mental health services are eliminated.

- The Medicaid Redesign project accepted recommendations from a tribal task force, recognizing the interests and needs of tribal members living on the seven reservations in Montana must be incorporated into the state's Medicaid plan.

Early mental health screening, assessment, and referral to services are common practice

- The state held a summit and created a task force to improve early identification of health needs for Montana's children.
- The Children's Mental Health Bureau is committed to developing a statewide system of care for children, using local Kid's Management Authorities (KMAs) as building blocks, and with the assistance of a six-year federal grant.

Excellent mental health care is delivered and research is accelerated

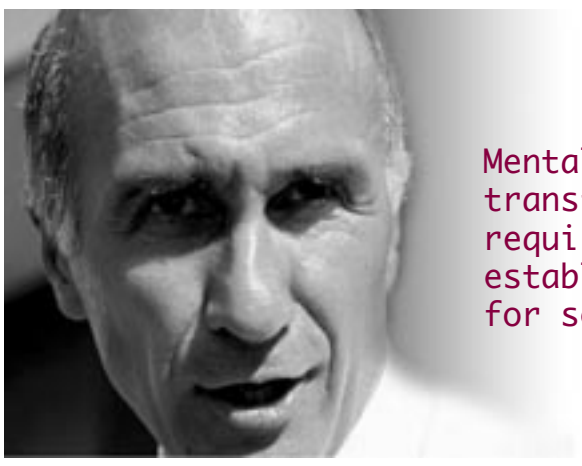
- Montana increased the number of assertive community treatment (PACT) teams in the state, an evidence-based practice (EBP)
- The state sponsored training for professionals in the treatment of co-occurring disorders and in dialectical behavioral therapy (DBT)

Technology is used to access mental health care and information

- Montana uses interactive video conferencing (telehealth) in some parts of the state to improve access to mental health care, particularly medication management.

Montana does operate a distinct treatment system for mental illness, making integrated and comprehensive care more difficult in the larger health system. The Mental Health Ombudsman encourages policy makers to incorporate the report's six goals into the state's visioning and planning effort in order to offer consumers and their families the best mental health system possible.

The full report is available at www.mentalhealthcommission.gov. ❖



Mental health care transformation will require States to establish priorities for service changes.

Recommendations

While those who contact the Office of the Mental Health Ombudsman are a small percentage of the people who use the public mental health system, we think the problems and issues they present pertain to many others using the system. The first four recommendations are the same recommendations we have made for the past four years. We believe the need to make these recommendations in 2004 has not changed.

Increase access to mental health services for children

Low-income Montana children without access to Medicaid rely on the Children's Health Insurance Program (CHIP) to meet their health care needs. While CHIP covers physician visits, medication, some inpatient days, and outpatient therapy, the benefits are too limited for many children with serious emotional disturbance (SED). These children tend to "use up" their coverage before they are stable and in recovery. Moreover, some of the services they need are not covered, such as school-based and in-home services, and children's case management. Improving the CHIP benefit for children with SED would be an excellent step towards increasing access to mental health care for children.

Maintain an adequate and affordable pharmacy benefit

Low-income seriously mentally ill adults without Medicaid do have a pharmacy benefit through the Mental Health Services Plan (MHSP). That benefit makes it possible for many of these individuals to continue to work and contribute in our communities. It is unclear how this benefit will be affected by the new Medicare drug benefit, the Medicaid preferred drug list, and a tight state budget. Access to the full array of psychotropic medication is critical for the stability and recovery of people with serious mental illness.

Develop more community mental health services with proven effectiveness

The Addictive and Mental Disorders Division says it will look at the effectiveness of all of the services it funds. Its strategic plan states the division will "develop procedures that emphasize and adequately reimburse those providers that deliver demonstrated evidence-based services." We hope that consumers in all locations across the state will have access to effective mental health services.

Divert individuals with serious mental illness away from the criminal justice system

The criminal justice system, both at the county and state level, must partner with the mental health system to accomplish this goal. Law enforcement officers, often the first responder to mental health crises, need training to de-escalate behaviorally disturbed individuals, as well as resources to safely house and assist those who need treatment. Attorneys and judges need information about mental illness and treatment options. Providers can work with the criminal justice system to develop programs that address both treatment and safety. We hope the state provides leadership and assistance in reducing the number of individuals with mental illness in correctional facilities.

The Mental Health Ombudsman uaually makes recommendations based on actual cases. However, this year's recommendations are broad and directed at system improvement.

Improve the quantity, quality and consistency of crisis services throughout the State of Montana

State law directs the state to establish crisis intervention programs, subject to available appropriations (MCA 53-21-139(1)). The state is also directed to "provide information and technical assistance regarding needed services and to assist☐ Crisis services must be developed locally, but state leadership is necessary.

Improve the transition for youth who leave the children's system and need services in the adult service system

Most youth "age out" of the children's mental health system at a☐ to assume the need for treatment and support ends abruptly on the day of the eighteenth birthday. The mental health system needs transition eligibility and services for youth with serious emotional disturbance who must transition into adult services, particularly those in residential care when they turn 18.

Improve the transition for adults with serious mental illness who leave a correctional facility.

When an individual released from prison or jail lacks access ☐ The Department of Public Health and Human Services a☐ already determined di☐ ts would have assistance and an expedited process. ❖

How to Reach Us:

The Ombudsman Office is open from 8 a.m. to 5 p.m. Monday through Friday. You may leave a voice message anytime.
Toll Free: 1-888-444-9669 fax: (406) 444-3543 E-mail: badee@state.mt.us

Our Mandate

"The Ombudsman shall represent the interests of individuals with regard to the need for public mental health services, including individuals in transition from public to private services."

2-15-210 (3), MCA

Tidbits From The Database . . . . . .

Callers report that children have more difficulty getting authorization for needed services than adults do.

Difficulty finding or accessing the services needed is more common for adults than for children. The following are examples of these requests:

- Electroconvulsive therapy (ECT) is hard to find in Montana.
- A nursing home resident is about to be discharged due to aggressive behavior associated with his diagnosis, but has not found another facility able to care for him.
- A person reports a long wait to see a prescriber at a mental health center.
- An emergency psychiatric evaluation by a professional person is not available in a particular county.

More calls are from parents with serious mental illness dealing with Child and Family Services on custody issues than are about children with serious mental illness in state custody needing mental health services.

The following are examples of services not covered but requested by callers:

- A parent needs travel expenses covered to visit and participate in therapy with a child in an out-of-state residential facility.
- An individual covered by the Mental Health Services Plan (MHSP) wants to see a community prescriber, rather one from the mental health center.
- A person on MHSP is seeks coverage for a psychological evaluation in order to appeal a denial from Social Security disability.

Trends in Issues Reported

Issue	2004	2003	2002	2001	2000
Access to care*	40%*	38%	38%	40%	50%
Child and Family Services	4%	3%	4%	4%	2%
Commitment	3%	1%	4%	5%	4%
Complaint	16%	14%	12%	16%	11%
Criminal Justice	10%	7%	9%	9%	5%
Discrimination/ADA	2%	3%	2%	2%	1%
Employment	1%	1%	1%	1%	0%
Financial	4%	7%	5%	6%	10%
Housing	1%	4%	2%	1%	1%
Legal	6%	5%	6%	1%	2%
Other	0%	2%	2%	6%	8%
Patient Rights	1%	2%	3%	1%	1%
Provider Concerns	1%	3%	3%	1%	1%
Social Security	5%	4%	3%	2%	1%
Treatment	6%	4%	5%	2%	1%
Unknown	1%	0%	0%	1%	2%

Access to Care Concerns = 40% of total

Concern	2004	2003	2002	2001	2000
Authorization of Services	3%	1%	3%	3%	3%
Availability of Services	5%	3%	3%	6%	6%
Services for Mental Illness and DD	1%	2%	2%	2%	2%
Services for Mental Illness and CD	1%	1%	2%	1%	1%
Enrollment Cap	0%	1%	1%	2%	1%
Information Requests	4%	na	na	na	na
Insurance: Inadequate or Lack of Parity	2%	4%	3%	4%	1%
Lack of Access to Medication	7%	7%	4%	2%	5%
Application Process	3%	2%	3%	5%	6%
Lack of Clinical Eligibility	1%	0%	2%	1%	1%
Lack of Financial Eligibility	3%	2%	3%	5%	8%
Reenrollment Problem	3%	6%	1%	na	na
Lack of Psychiatrist	2%	1%	3%	1%	3%
Lack of School Services	1%	2%	3%	1%	2%
Services Not Covered	3%	4%	5%	1%	0%

Complaints . . . . . .

The Office of the Mental Health Ombudsman received about the same number of complaints in 2004 as in the previous year. Again, the largest number of complaints was about licensed mental health centers, although most of the complaints were not substantiated and the number has decreased each year. The next largest number of complaints was about individual providers, such as licensed professional counselors (LPCs). Complaints about the mental health system ranked third. We received only four complaints about alleged abuse, and two callers alleged that a discharge was inappropriate.

Complaints Against	2004	2003	2002	2001
Licensed Mental Health Centers	21	24	28	31
Independant Licensed Providers	9	3	8	5
Mental Health System	5	1	5	2
Montana State Hospital/Nursing Home	4	8	6	3
Hospitals	3	2	2	6
Others	3	3	0	0
Residential Treatment Centers	2	4	5	20
Group Homes	2	0	3	6
Nursing Homes	1	4	0	0
	50	49	57	73

An example of a complaint about a mental health center is the following:
"Individual alleges that the mental health center is unresponsive. It has been four months since the person applied for services."

- Upon investigation, the Mental Health Ombudsman found the individual had applied for MHSP and requested an appointment with a therapist ten weeks before contacting us. At the time, the mental health center had told the person there was an eight-week wait for a therapist appointment.
- Since the individual does not have a phone, the assigned therapist wrote a letter asking the person to contact him to set up an appointment, but received no response.
- With intervention from the Mental Health Ombudsman, the therapist agreed to call the individual's family member and leave a message asking her to call the therapist back to set up an appointment.

A COMPARISON OF DATA FROM THE THREE SERVICE AREAS . . . each Service Area has approximately the same population and the same number of persons eligible for Medicaid. Nonetheless, the volume of contacts from each of the three areas is uneven and skewed towards the west. There were more than twice as many contacts from the Central and Western regions as from the Eastern region. The following is a brief profile of the three regions:

EASTERN SERVICE AREA (18%)
Majority of these contacts are from the Billings area.
The three top concerns reported were:
- Complaints
- Lack of access to mental health care in the criminal justice system
- Services not covered

CENTRAL SERVICE AREA (36%)
This is the only area from which we received provider concerns
The top three concerns reported were:
- Complaints
- Problems with eligibility or re-enrollment in public mental health programs
- Problems involving the Child and Family Services Division

WESTERN SERVICE AREA (42%)
Western Montana Mental Health Center serves this entire 15 county area.
The top three concerns reported were:
- Complaints
- Lack of access to medication
- Lack of access to mental health care in the criminal justice system

** 5% of callers were either out-of-state or did not identify their location*

Ombudsman Legislation

An interim legislative committee will introduce legislation to enumerate the duties of the Mental Health Ombudsman and to clarify its intent regarding the Ombudsman's access to confidential information. Already in statute is the mandate to "represent the interests of individuals with regard to the need for public mental health services, including individuals in transition from public to private services." The following list of duties is proposed as an addition to current law:

- Shall receive and investigate complaints within its jurisdiction
- May investigate on its own motion
- May recommend corrective action
- May engage in activities which may improve the functioning of the public mental health system
- May issue reports concerning its findings and recommendations

The bill would also recognize the Mental Health Ombudsman as a health oversight agency for the purpose of accessing protected health care information under federal law. Whenever possible, the Mental Health Ombudsman requests written authorization from an individual to access confidential information pursuant to an investigation or request for assistance. However, in situations where that is not possible or timely enough, the proposed bill would authorize access for the Ombudsman.

Who We Are

Bonnie Adee, Mental Health Ombudsman . . . Bonnie was appointed to a four-year term as Mental Health Ombudsman in August 1999 by former Governor Marc Racicot. In August 2003 Governor Martz reappointed her. She has two Master's Degrees, one in education and one in health care administration. For fourteen years, Bonnie was director of Helena's hospice program. In 1994 she became Director of Behavioral Health Services for St. Peter's Hospital in Helena. Bonnie completed a three-year term on the Helena School Board, and now serves on the Board of Directors of St. Peter's Hospital. Her two children are young adults.

Brian Garrity, Program Specialist . . . Brian joined the staff in October, 1999, and works half-time. Previously, Brian was a member of the Board of Directors of the Montana Mental Health Association, vice-chair of the Mental Health Oversight Advisory Council, and a member of the Co-occurring Disorder Task Force and Work Group. He is currently a member of the PACT Advisory Council and is a mentor in the NAMI Peer-to-Peer program. Brian has been an active advocate for people with mental illness, a role enhanced by his own open history and perspective as an individual with mental illness.

Resources

Bazelon Center for Mental Health Law
http://www.bazelon.org

Drug Information, MEDLINEplus - National Library of Medicine
http://www.nlm.nih.gov/medlineplus/druginformation.html

Drug Patient Assistance Programs - RxHope
http://www.rxhope.com/programinfo/main.asp

MAP - Montana Advocacy Program
http://www.mtadv.org/

MMHA - Montana Mental Health Association (formerly MHAM)
http://www.mhamontana.org

Moe Armstrong and Peer Educators
http://209.58.132.78/moe

NAMI-MT – The Nation's Voice on Mental Ilness
http://www.namimt.org

National Mental Health Consumers' Self-Help Clearinghouse
http://www.mhselfhelp.org

PLUK - Parents, Let's Unite for Kids
www.pluk.org

President's New Freedom Commission on Mental Health – Final Report **http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html**

SAMHSA'S National Mental Health Information Center (formerly KEN) **http://www.mentalhealth.org**

3000 copies of this public document were published at an estimated cost of $.4786 per copy, for a total cost of $1436.00 which includes $786.00 for printing and $650.00 for distribution.